

APPLICATION DATA SHEET

Application Information	
Application Number::	
Filing Date::	January 28, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	
Number of CD disks::	
Number of Copies of Cds::	
Sequence Submission::	
Computer Readable Form (CRF)::	
Number of Copies of CRF::	
Title::	Displacement Assay for Selective Biological Material Detection
Attorney Docket Number::	1965.025
Request for Early Publication::	
Request for Non-Publication::	
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity	Yes
Petition Included::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Application::	

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States of America
Status::	Full Capacity
Given Name::	William
Middle Name::	T.
Family Name::	Bodenhamer
Name Suffix::	
City of Residence::	Jupiter
State or Province of Residence::	Florida
Country of Residence::	United States of America
Street of Mailing Address::	101 Hawksbill Way
City of Mailing Address::	Jupiter
State or Province of Mailing Address::	Florida
Country of Mailing Address::	United States of America
Postal or Zip Code of Mailing Address::	33458

Correspondence Information	
Correspondence Customer Number::	21917
Name::	McHALE & SLAVIN, P.A.
Street of Mailing Address::	2855 PGA Boulevard
City of Mailing Address::	Palm Beach Gardens
State or Province of Mailing Address::	Florida
Country of Mailing Address::	United States of America
Postal or Zip Code of Mailing Address::	33410-2910
Telephone::	(561) 625-6575
Facsimile::	(561) 625-6572
E-Mail Address::	palmbeach@mspatents.com

Representative Information		
Representative Customer No. 21917	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	Non-Provisional of	60/443,299	01/28/2003

Foreign Priority Information			
Country	Application Number	Filing Date	Priority Claimed

Assignee Information	
Assignee Name::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address::	
Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	